	Substitute for Form PTO-875 Effective December 8 200						Application or Docker Mumber			
	APPLICATION AS FILED - PART I						NO CONTROL			
		(Column 1)						- S	Sin O	
	BASIC FEE	NUMBER FLED	(Column 2)	_	SMALI	ENTITY	TITY OR	OTHER THAN SMALL ENTITY		
	(37 CFR 1 16(4) (N) or ich	N/A	NUMBER EXTRA	`	RATE (1)	FEE (I)	1			
	SEARCH FEE 137 CFR 1 16(N. (N. or (m))	. NA		\dashv	NIA	150.00	7	RATE (1)	FEE (B)	
	(37 CFR 1 16(4), (J), or (Q))	. NA	NIA		. NA	\$250	250	NIA	300,00	
	TOTAL CLAIMS DY OFR 1 16(0)		'N/A		NA	\$100	1		\$500	
	INDEPENDENT CLAIMS DI CER I 16(N)	minus 20 =			X\$ 25 .			N/A	\$200	
		If the specification	•	71	X100		OR	X\$50 .		
	APPUCATION SIZE	If the specification and drawings exceed sheets of paper, the application size feets \$250 (\$125 for small contains the feet seets).		00	-			X200		
- 1	(D) O'R 1 16(4))	additional 50 shoots	ruly) for each	11	· 1	- 1	. [.			
ı		35 U.S.C. 41(a)(1)(C)	iction thereof. See	AB	· · · · · · · · · · · · · · · · · · ·	- 1	- 1	· . 1	1	
-	MULTIPLE DEPENDENT CL	AIM PRESENT (37 OFR 1.16)		4 F	+180+		1	. 1		
ı	If the difference in column 1 is less than zero, enter 'O' in column 2.			J [.	+1604		Γ	+360=		
	APPLICATION	APPLICATION AS AMENDED - PART II						TOTAL		
Ŀ			ART II					TOTAL L		
F	(Column 1) (Column 2) (Column 3)							.		
•	REMAINING HIGHEST				SMALL ENTITY .			OTHER THAN SMALL ENTITY		
	AMENC AMENC	۱۱'		ADOI-		RATE (S)				
	Total (I) CFR 1.18(I) Minus "PAID FOR				TIONAL FEE (S)			TIONAL		
EMONERA	independent DI CER LIANS	Minus	<u>'</u>	X	25		XE		FEE (I)	
I	Application Size Fee (37 (FR 1.16(s))		X	100	7	\ \		\sim	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1,160)				OR X200 =					
X	Amol S:	V 10 CLAM C	37 CFR 1.16@)	1+1	80-		12	50=	\rightarrow	
16	14/1	C CYK	ر کار	TOT	AL L FEE	OR OR	707/			
	CLAIM	(Coruma)		Ciee	OR	ADO'L FEE				
8	REMAINE AFTER	NG HIGHEST	2) (Column 3) PRESENT	_						
2	AMENDME		YEXTRA	RAT	E (S) AD		RAT	E (5) A		
ğ	brocen in the B	Minus 21	1. / 1		FEE		"	TRO	NAL .	
бL	DTOTA ILIENU.	Minus	 ./ -	X\$:		OR	X\$50		<u></u>	
W S	Application Size Fee (37 CFF	1.16(s))	1/	X10	0. 0	OR .	X200			
٠.	FIRST PRESENTATION OF MULT	TIPLE OEPENDENT CLAIM DV C	1							
				+180		OR .	+360	7		
TOTAL										
ADO'L FEE										
The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 30.										
TO to process) an application. Confidentiate in the information is prouted to the appropriate box in column to										
Trademark of time you require to complete this form and/or suggestion form to the USPTO. Time will vary depending upon the Individual case. Any commente of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS If you need assistance in completes.										
	Olssutation, containstio	ner for Patents, P.O. Box	1460, Alexandria	3-1450.	DO NOT SEND	FEES OR CO	emation (Officer, U.S. Pel	rike Gad	
If you need assistance in complaining the form, cell 1-800-PTO-91-99 and talent and										

If you need assistance in completing the form, cell 1-800-PTO-9199 and select aption 2